

03560.000708.3



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#21/f
K Davis
4-28-04

In re Application of:)
NAOYUKI MATSUMOTO)
Application No.: 09/394,521)
Filed: September 10, 1999)
For: FACSIMILE APPARATUS)
Examiner: J.R. Pokrzywa
Art Unit: 2622
March 9, 2004

RECEIVED

MAR 17 2004

Technology Center 2600

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

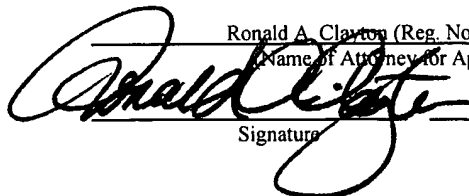
Sir:

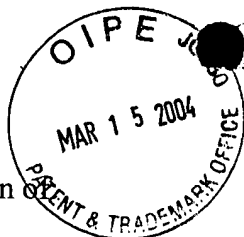
In response to the Office Action of December 9, 2003, please amend the
above-identified application as follows. Amendments to the claims are reflected in the listing
beginning at page 2, and the Remarks begin at page 5.

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

March 9, 2004
(Date of Deposit)

Ronald A. Clayton (Reg. No. 26,718)
(Name of Attorney for Applicant)


Signature Date of Signature
March 9, 2004



2622

In re Application of

Docket No. 03560.000708.3

NAOYUKI MATSUMOTO

Application No.: 09/394,521

Examiner: J.R. Pokrzywa

Filed: September 10, 1999

TC/Art Unit: 2622

For: FACSIMILE APPARATUS

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 7	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$___ to cover the fee for a ___-month extension is enclosed.
- ☐ A check in the amount of \$___ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Registration No. 26,718

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

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